



REAL PATHWAYS RI

**New Grantee Orientation
June 2017**

Governor's Workforce Board

RHODE ISLAND

train for success · connect for growth

Agenda

- 1. Introductions**
- 2. Program Background**
- 3. Performance Reporting**
- 4. Financial Reporting (Denise Paquet)**
- 5. “PITCH” Process**
- 6. Site Visits & Technical Assistance**
- 7. Other Opportunities (LISC)**
- 8. Questions?**

Program Background

Program Background

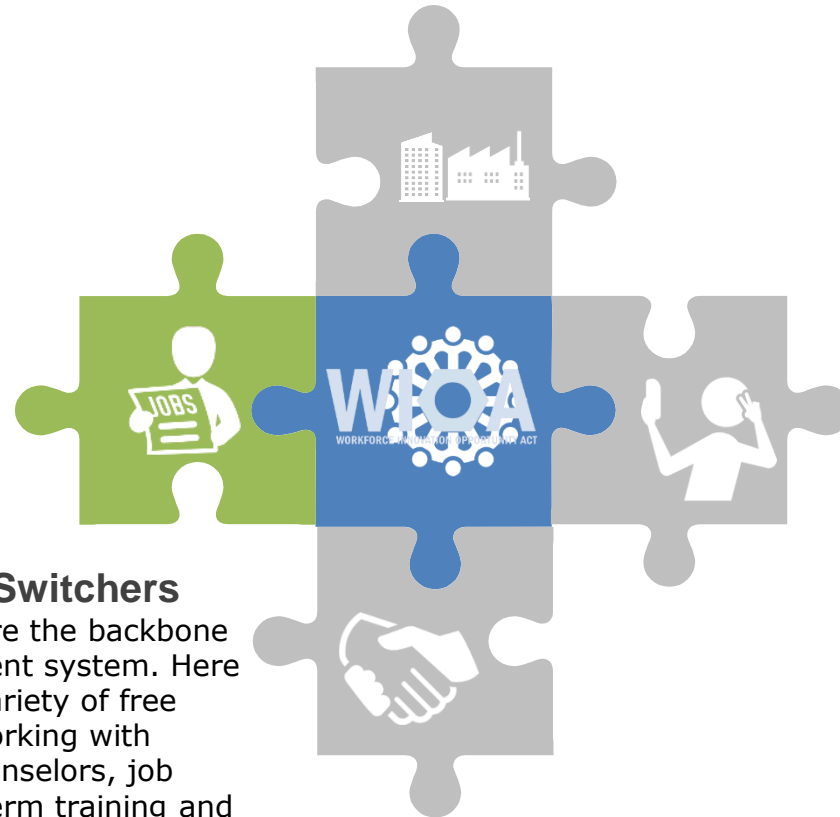


PURPOSE: To promote and support partnerships between and among public, private, and nonprofit agencies, education and training providers, and other partners as necessary, that will collaborate and strategize how to best serve clients through comprehensive and cooperative workforce development programming.

KEY TRAITS:

- Companion program to the Real Jobs RI initiative.
- Focused on the needs of a specific population to help identify and overcome their unique workforce challenges.
- Encourages innovation.
- Encourages interconnectivity with larger workforce development network.
- Flexible, with ability to receive additional resources.
- **Heavily dictated by performance.**

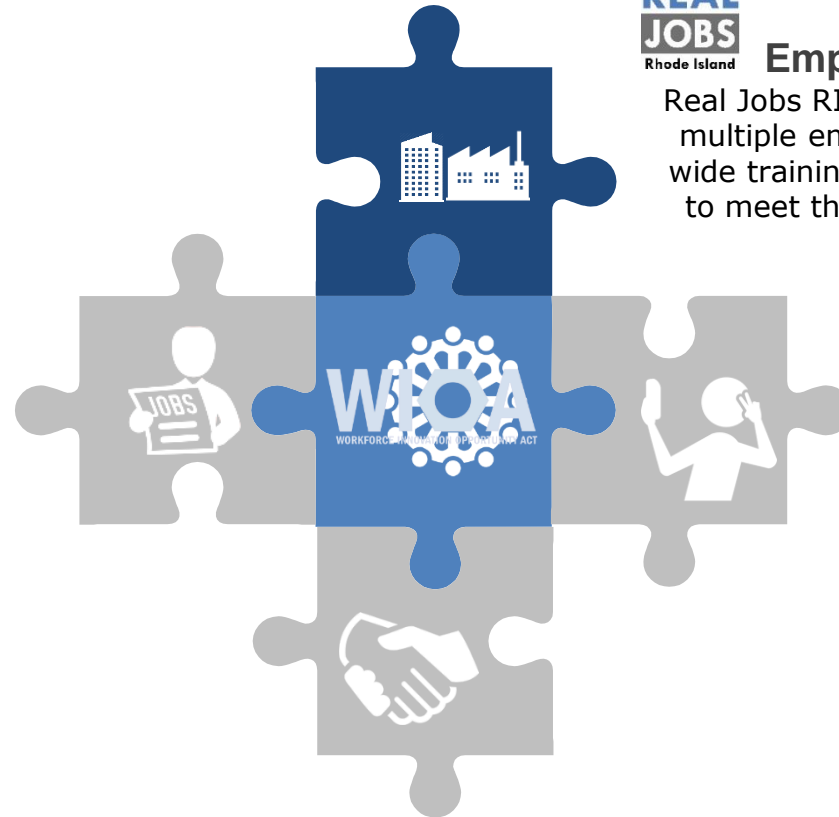
Program Background



All Job Seekers / Switchers

OneStop Career Centers are the backbone of the workforce development system. Here job seekers access a variety of free services, including working with experienced career counselors, job matching services, short-term training and workshops.

Program Background



**REAL
JOBS**
Rhode Island

Employers & Industries

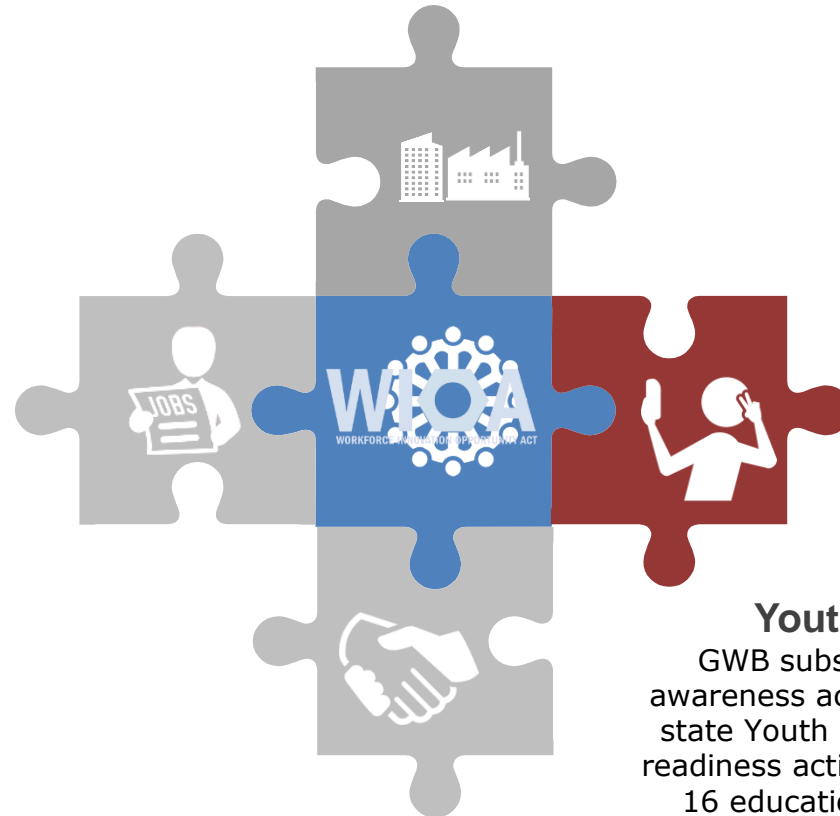
Real Jobs RI brings together partnerships of multiple employers who develop industry-wide training and other workforce solutions to meet the unique needs of their sector.

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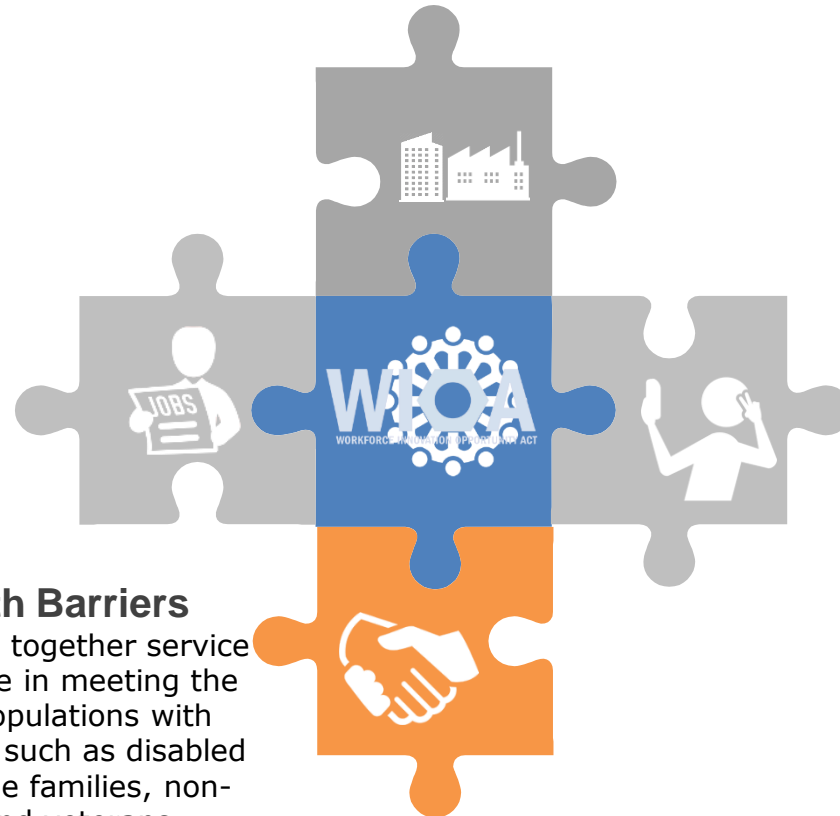
Program Background



Youth / Future Workers

GWB subsidized internships, career awareness activities provided through the state Youth Centers, or advanced career readiness activities provided through the K-16 education system, Rhode Island is making unprecedented investments to build career awareness, experience, and expertise in the workforce of tomorrow.

Program Background



**REAL
PATHWAYS**
Rhode Island

Job Seekers with Barriers

Real Pathways RI brings together service providers who specialize in meeting the workforce needs of populations with barriers to employment such as disabled populations, low-income families, non-English speakers, and veterans.

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Performance Reporting

Performance Reporting

1. **ALL** served participants must be recorded in the **Participant Outcome Report**
2. Participant Outcome Report must be completed and returned to GWB on a monthly basis (cumulative)
3. Participant Outcome Report Includes Participant Information and Outcome Information
4. **Social Security Numbers** are NOT submitted with the Participant Outcome Report but should be recorded for every participant and securely stored
5. Social Security Numbers will be collected in hard copy by GWB staff on no less than a Quarterly Basis
6. Per the terms of the Award Agreement; Grantees must have **Confidential Document Handling** Policies in place (subject to monitoring)
7. **Narrative Reports** are due at the GWB's discretion only in periods where no training/job placement activities are taking place



Participant Outcome Report

The screenshot displays the Microsoft Excel interface with the "REAL PATHWAYS Rhode Island" logo on the left. The title bar indicates the file name as "RPG01 - Participant Record [Compatibility Mode] - Excel".

REAL PATHWAYS RI Participant Outcome Report

PARTNERSHIP NAME: SAMPLE **DATE:** 10/1/2017

LEAD APPLICANT:	Sample Lead	Enrolled:	0
ADDRESS:	Address	Withdrawn/Exited:	0
PHONE:	401-000-0000	Completed:	0
		Industry Cred:	0
		Academic Cred:	0
		Employed:	0

A running tally of Participants will be autocalculated.

PARTICIPANT INFORMATION													Program Information	
Last Name	First Name	Birthdate	ZIP	Race	Ethnicity	Gender	Highest Education Level Completed	Unemployment Insurance Recipient?	TANF or SNAP Recipient?	Veteran?	Other Characteristic	Social Security Number on Record?	Program Name	Start Date MM/DD/YYYY
Smith	Jon	10/10/1987	02904	White	Not Hispanic (or left blank)	Male	High School, No Degree	No	SNAP	No	Long Term Unemployed	Yes	Widgetmaking 101	8/1/2017

A list of each participant enrolled will be included in the **Participant Information** columns.

Lead Applicant will report START Date, END Date, Completion/Withdraw Status, Credential, and EMPLOYMENT Outcomes

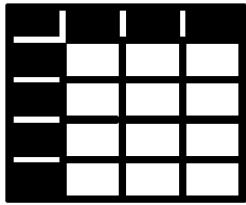
SSN Register

	A	B	C
1	J. Stevens	000-777-8982	
2	B. Smith	122-456-7890	
3	L. Sample	038-88-8789	
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			

Narrative Report

- 1) What has occurred during this reporting period for each of the following activities?
- 2) Is your Partnership on target to meet the Deliverables and Outcomes outlined in your Scope of Work? What, if any, obstacles have caused delay? Discuss how you intend to overcome these obstacles? *Please indicate if you need technical assistance.*
- 3) What do you expect to take place in the next reporting period relating to each activities? Please list any upcoming events, meetings, and other related activities.
- 4) What is the status of your Leveraged Funds? Do you have any new commitments?
- 5) Do you have any new employer or other strategic partners?
- 6) Please provide and/or attach any articles, posts, tweets or photos related to your Real Pathways RI grant.

Performance Reporting – Recap



Participant Outcome Report

- Submitted Monthly via Email
- Includes Participant and Outcome Information
- Cumulative



SSN Register

- Collected in Hard Copy as Needed
- Includes SSNs for all participants
- Required for Performance evaluation/confirmation
- Confidential document



Narrative Report (optional)

- Submitted electronically
- Only required in periods where no training/job placement activities are taking place
- At GWB staff discretion

Financial Reporting

Financial Reporting

1. Grant-related expenses are paid on a reimbursement basis
2. **Expense Report** (invoice) can be submitted on monthly or quarterly basis (or more frequently if approved by GWB)
3. Expense Report must be completed in full, signed by fiscal agent, and match grant-related activities for the previous period (GWB staff sign-off)
4. Expense Report must be accompanied by clear and adequate **backup documentation** for every expense submitted (DLT Fiscal Office sign-off)
5. Backup documents over 20 pages must be accompanied by a **LEAD SHEET**
6. Expenses will be paid no later than 30-45 assuming submission of acceptable invoice and backup documentation
7. Multiple incorrectly submitted invoices, and/or insufficient backup documentation will be viewed as noncompliance with terms of Grant Award.

Expense Report

[illegible]

Columns E and F
will calculate
automatically.

Columns A and B
will be prefilled
based on your
approved budget.

Expenses for each line item that have been previously reported should be listed in **Column D**.

Expenses incurred for each line item in the Period being reported should be listed in **Column C.**

Totals are automatically calculated. This box represents the Payment Request for the period.

All Expenditure Reports must include an **Original Signature** by the Fiscal Agent.

Back-Up Documentation

EXPENSE ITEM	REQUIRED DOCUMENTATION
Salary & Fringe	
Personnel Compensation (Salary & Fringe)	1) Time sheets and general ledger payroll, provided these documents provide reasonable assurance that the time being charged to the GWB is accurate, allowable, and properly allocated. OR 2) Personnel worksheet (see GWB Staff)
Other Program Costs	
Travel	Copy of Travel Voucher/Expense Reimbursement Form (Mileage Sheets) and receipts
Space/ Facility Rental	If stand-alone space exclusively for Grant related purposes: copy of lease pages showing rent.
Utilities, Telephone & Communications	Utility Bills
Equipment Purchase or Rental (where allowed)	Copy of receipt, invoice, or lease
Postage & Mailings	Copy of receipt or invoice
Publication/Print/Copying	Copy of receipt or invoice
Meeting Expenses (including one-time facility rental)	Copy of receipt or invoice
Office Supplies & Materials	Copy of receipt or invoice for materials purchased
Marketing & Advertising	Copy of receipt or invoice
Training Materials	Copy of receipt or invoice
Direct Training and Related Support Services	
Training Stipend or other Support Payment	Copy of receipt or invoice and signed documentation acknowledging receipt of training stipend by participant
Work Experience	Copy of receipt or invoice and signed documentation acknowledging receipt of work experience stipend or wages by the individual receiving the payment – participant or employer
Transportation	Copy of receipt or invoice and signed documentation acknowledging receipt of transportation support by participant
Participant Tuition & Fees	Copy of receipt, invoice, or proof of registration
Other	Copy of receipt or invoice
Contracted Services / Sub-Grantees	
Training	Copy of invoice
Curriculum Development	Copy of invoice
Consulting	Copy of invoice

Lead Sheet

	A	B	C	D	E	F	G	H
1	Salary and Fringe							
2	T. Smith	\$1,250	Times sheets and wage records for 1/1 - 3/31					
3	J. Jackson	\$7,200	Times sheets and wage records for 1/1 - 3/31					
4	Supplies							
5	Tools	\$281.44	Receipt - S&S Supplies					
6	Training Equipement	\$2,484.84	Invoice - Providence Materials					
7	Stipend Payment	\$100	Cancelled Check & Signed Confirmation of Receipt					
8	Stipend Payment	\$100	Cancelled Check & Signed Confirmation of Receipt					
9	Stipend Payment	\$100	Cancelled Check & Signed Confirmation of Receipt					
10	Stipend Payment	\$100	Cancelled Check & Signed Confirmation of Receipt					
11	Stipend Payment	\$100	Cancelled Check & Signed Confirmation of Receipt					
12	Stipend Payment	\$100	Cancelled Check & Signed Confirmation of Receipt					
13	Stipend Payment	\$100	Cancelled Check & Signed Confirmation of Receipt					
14	Stipend Payment	\$100	Cancelled Check & Signed Confirmation of Receipt					
15	Stipend Payment	\$100	Cancelled Check & Signed Confirmation of Receipt					
16	Stipend Payment	\$100	Cancelled Check & Signed Confirmation of Receipt					
17	Stipend Payment	\$100	Cancelled Check & Signed Confirmation of Receipt					
18	Stipend Payment	\$100	Cancelled Check & Signed Confirmation of Receipt					
19	Stipend Payment	\$100	Cancelled Check & Signed Confirmation of Receipt					
20	Contracted Services							
21	US Training Solutions	\$5,000	Invoice - US Training Solutions					
22								
23								
24	TOTAL	\$17,516.28						

RECEIPT

**S & S
SUPPLIES**

STORE: 0003 REGISTER: 001
CASHIER: KATIE
ASSOCIATE: 0000000

CUSTOMER RECEIPT COPY

ORIGINAL TRANSACTION INFORMATION

STORE : 00032
REGISTER : 001
DATE : 12/31/2005
NUMBER : 5194

259.99

```
=====
SUBTOTAL                                259.99
SALES TAX                               21.45
TOTAL                                   281.44
=====
AMOUNT TENDERED
VISA                                     281.44
ACCT: *****1254
EXP: *****
APPROVAL: 999999
CARDHOLDER: JANE SMITH
TOTAL PAYMENT                           281.44
=====
Transaction: 52858                      1/8/2006 2:40 PM
```

CARHOLDER SIGNATURE: _____

Jane Smith

THANK YOU FOR SHOPPING WITH US
WE APPRECIATE YOUR BUSINESS

INVOICE

[Company Name]
[Company Slogan]

DATE:	11/1/2011
INVOICE #	[123456]
CUSTOMER ID	[123]

[Street Address]
[City, ST ZIP]
Phone: [000-000-0000]
Fax: [000-000-0000]

SHIP TO (if different):

BILL TO:
[Name]
[Company Name]
[Street Address]
[City, ST ZIP]
[Phone]

[Name]
[Company Name]
[Street Address]
[City, ST ZIP]
[Phone]

SALESPERSON	P.O. #	SHIP DATE	SHIP VIA	F.O.B.	TERMS

[illegible]

SUBTOTAL	\$ 2,325.00
TAX RATE	6.875%
TAX	\$ 159.84
S & H	\$ -
OTHER	\$ -
TOTAL	\$ 2,484.84

Other Comments or Special Instructions

1. Total payment due in 30 days
2. Please include the invoice number on your check

If you have any questions about this invoice, please contact
[Name, Phone #, E-mail]

Thank You For Your Business!

Please detach the portion below and return it with your payment.

AMOUNT ENCLOSED ☐

[Company Name]

REMITTANCE

[Stress Address]
[City, ST ZIP]
Phone: [000-000-0000]
Fax: [000-000-0000]

DATE	11/1/2011
INVOICE #	[123456]
Customer ID	[123]

Participant Supports/Assistance Payments

- Stipends/Incentives are allowable, as are Supports like Transportation, Clothing allowances
- Proof of cost *and* Proof of delivery/receipt is required
 - Example: Receipt for 4 Bus Passes, and Signatures attesting that client received them.

Unemployment Insurance Treatment of Participant Assistance Payments

As a general rule, beneficiaries are expected to report gross wages (before taxes) for each week they work — including part-time and/or temporary work – while they are receiving UI benefits. The connection to work is important; and informs this guidance. Partnerships should familiarize themselves with this guidance and communicate as necessary to UI beneficiaries.

- Any financial assistance provided to participants while they are in training, such as a weekly participation incentive, a support stipend, or a gas/grocery card, generally does not have to be reported to UI;
- Any financial payments earned as part of a work experience, such as a paid internship, temporary work experience, or job shadow, generally do have to be reported to UI; regardless of whether the program or an employer is providing such payments.

Evidence of Cost



Remember

1. Evidence of COST (Itemized Receipt vs. Credit Card Statement)
2. Allowable Cost guidance distributed and available online
3. Lead Sheet required for backup documents over 20 pages (will help expedite process and payment)
4. Traditional Grant Allocation rules apply
5. Line item flexibility up to 20% (of the line item) allowed without permission
6. Any reallocations above that amount requires GWB permission

Financial Reporting – Recap



Expense Report

- Submitted on monthly or quarterly basis (or more frequently if approved by GWB)
- Must match Approved Budget and activities for previous period
- Must be signed by Fiscal Agent



Backup Documents

- Required for every expense being submitted for reimbursement
- Evidence of Cost, Not Expense
- Should be in order of Expense Report line item



Lead Sheet (optional)

- Required is backup documents total more than 20 pages
- Itemizes backup documents and reconciles them against Expense Report
- Expedites Fiscal Review and processing



The success of the Rhode Island workforce development system depends on a network of diverse and talented partner programs. We use our [Strategic Plan](#) as a guide to help us identify and support innovative, industry-driven partnerships through several grants. The following page identifies workforce/network partnership grants and resources for existing partnerships. If you are interested in becoming a network partner, proposal opportunities will be posted to this page as they become available.

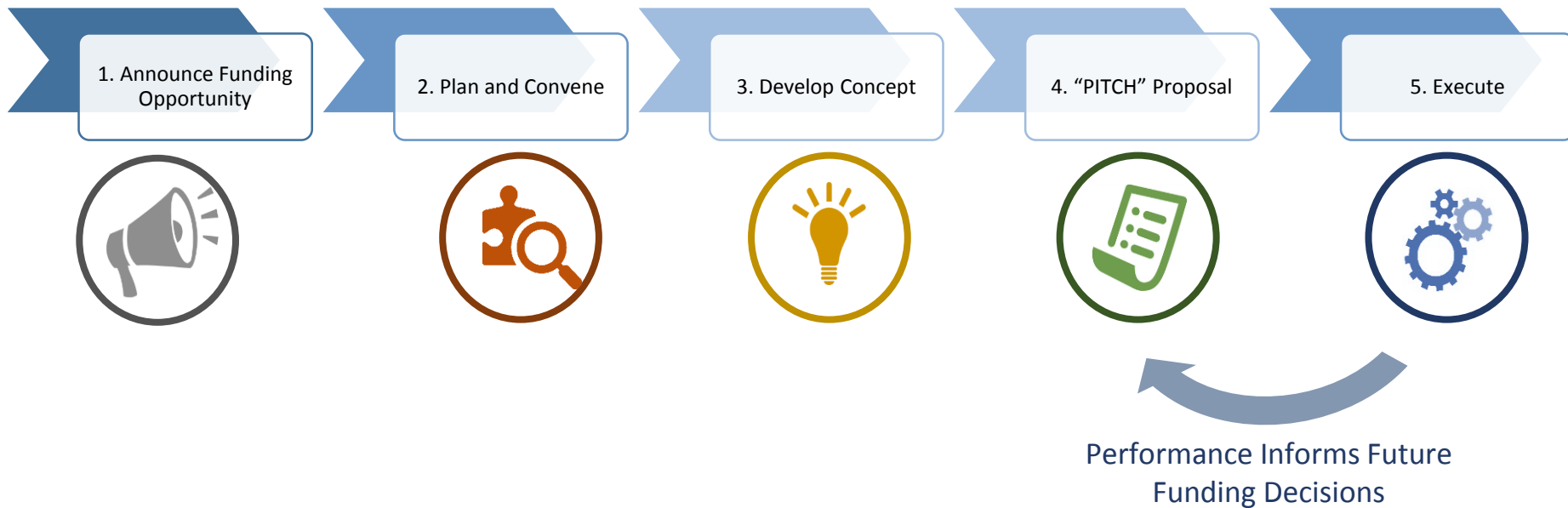
‘PITCH’ Process

Requesting Additional Funds

'PITCH' Process

- Real Pathways Partnerships (RPPs) may request additional funds to expand, repeat, or introduce new program activities consistent with their approved Scope of Work.
- This strategy allows the RPPs to be truly responsive to the needs of their region/population and take advantage of employment and other opportunities as they arise.
- This process is known as the “PITCH” (shorthand for ‘Proposed Investments in Training, Capacity, and Hiring activities’).

'PITCH' Process



'PITCH' Process

1. All RPPs are notified of upcoming PITCH Opportunity (ex. "Real Pathways RI is making available up to \$200,000 for XXXXX.)
2. Interested partnerships will complete the **PITCH application** along with a **detailed budget** and a **1-3 page brief**. All three documents must be submitted with original signatures to the attention of the Executive Director of the Governor's Workforce Board.
3. Upon receipt, an initial technical review will be completed by GWB staff Grant Team and due diligence checks will be performed.
4. All PITCH proposals, funded or otherwise, are posted to the GWB website.
5. Proposals are reviewed and scored by a team of evaluators.
6. Evaluators feedback is provided to the Executive Director for a final determination regarding approval and funding.
7. If awarded, partnerships will be expected to complete and submit a **modification** to the original grant agreement, along a new Scope of Work.

Site Visits & Technical Assistance

Site Visits & Technical Assistance

1. Real Pathways RI is subject to 'Active Contract Management'.
2. Each partnership is assigned an internal GWB staff member to provide technical assistance, problem-solving, and performance management.
3. Program visits may be requested with 48 hours notice.
4. Fiscal monitoring visits and audits may be requested consistent with the terms of your Award.
5. Technical Assistance meetings will be held on at least a Quarterly (including at least one joint Real Pathways / Real Jobs event).
6. Program updates and notifications will be sent via email. (PLEASE READ)
7. Partnerships are encouraged to maintain frequent and open communication with your assigned staff member.

Other Opportunities



SNAP Employment & Training **Your Pathway to Work**

Program Overview
July 17, 2017

LISC
Rhode Island





SNAP E&T

- ✓ Program of the Food and Nutrition Service (FNS), US Dept of Agriculture (USDA)
- ✓ Designed as a **flexible funding source** for states to provide SNAP recipients with education, vocational training and support services to help them gain work skills, credentials and employment
- ✓ In Rhode Island, SNAP E&T is a program of the RI Dept of Human Services, administered by Rhode Island Local Initiatives Support Corporation (LISC)



SNAP E&T

Bundled services

Assessment

For program eligibility (**DHS**)
For employment interests, education level, needed supports (**service provider**)

Employment and Training Activities

Basic Education
Vocational/Skills
Work Readiness
Job Search
Job Retention
Work Experience (on-the-job and apprenticeships)

Supplemental Services

Case Management
Employment Counseling
Financial Literacy

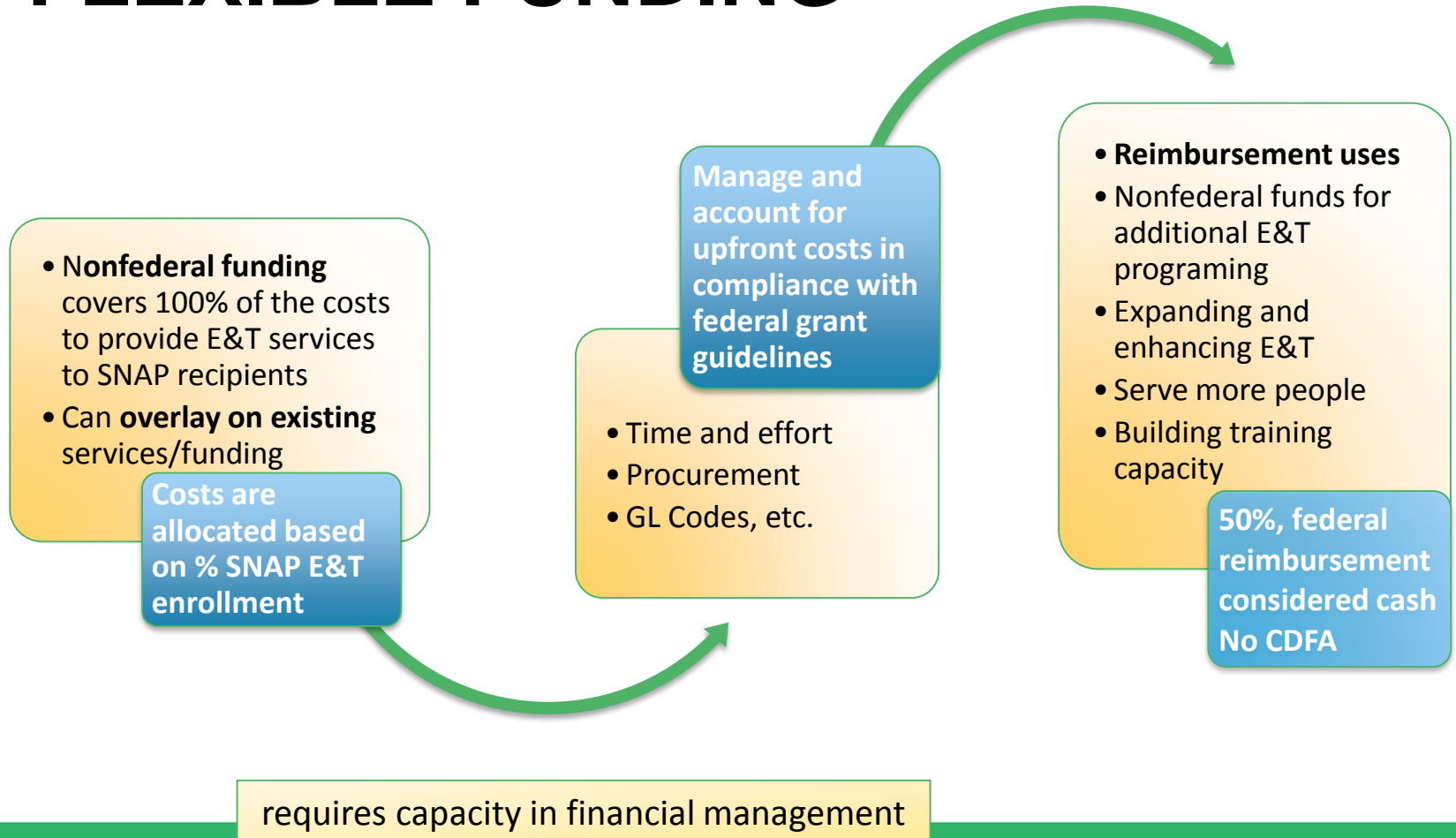
Supports

Transportation
Dependent Care
Books/Tools
Test Fees
Certification Fees
Housing
Clothing
Hygiene

Requires data tracking and timely reporting



FLEXIBLE FUNDING





Funding



50% reimbursement for nonfederal spending

- 1) **Administrative** – all necessary and reasonable costs for services provided to SNAP recipients
- 2) **Participant Reimbursements** – Supports provided to enrolled SNAP participants so that they can attend and complete training



RI LISC retains a 5% administrative fee on all reimbursements, resulting in an actual reimbursement of 45%



Application materials due **July 30**
FY18 begins **October 1**

For more information contact:

Claudia Staniszewski
cstaniszewski@lisc.org
(401)919-5886
(401)536-7070 cell

Visit the RI SNAP E&T website www.RISNAPET.org

A close-up, slightly blurred photograph of a hand holding a silver pen, poised to write on a document. The background is a soft, out-of-focus light gray.

QUESTIONS?

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